

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

Case No. CV 422-259

(to be filled in by the Clerk's Office)

Rosalind Brown

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Express professional staffing

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Rosalind Brown

Street Address

1210 East 38th Street

City and County

Savannah, GA 31404

State and Zip Code

Telephone Number

912-662-9101

E-mail Address

rbrownbacon@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Express Professional Staffing

2 Park of Commerce Blvd
Savannah, GA 31405

912-232-9800

Defendant No. 2

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Eva Bumpers

Express Professional Staffing
Staffing Manager

2 Park of Commerce Blvd
Savannah, GA 31405

912-232-9800

Defendant No. 3

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Defendant No. 4

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name

Street Address

City and County

State and Zip Code

Telephone Number

Express professional Staffing
2 Park of Commerce Blvd
Savannah, GA 31405
912-232-9800

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):

☐

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

☒

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐

Other federal law (specify the federal law):

☐

Relevant state law (specify, if known):

☐

Relevant city or county law (specify, if known):

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 9/29/22.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Damages of my civil rights have been violated base on discrimination of my medical disability of Lupus and seizure disorders epilepsy.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/27/22

Signature of Plaintiff

Printed Name of Plaintiff


Rosalind Brown

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

4/22/22 - 5/24/22

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*

Lupus - Seizure - Epilepsy

E. The facts of my case are as follows. Attach additional pages if needed.

EEOC RECEIVED 2022-09-13

415-2022-00976

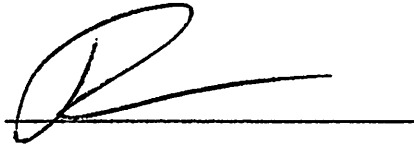
Rosalind Brown — Express Professional Staffing

415-2022-00976

I am an African American female who has a qualifying disability under the ADA. I was hired by the above-named employer on or around April 21, 2022 as a Temporary Voter Registration. Prior to being hired, I informed my employer of my medications that I was taking for my disability as well. On April 21, 2022, I started my first day of training and scored 100% on the test. On April 22, 2022, I returned for day two of training, however when I arrived, I was advised by Ms. I luv Addison and Ms. Brown to contact Express Professional Staffing. Ms. Brown stated they decided not to continue my employment. I contacted Express Professional Staffing and was told by Eva Bumpers that she was told I was not a good fit. Ms. Eva Bumpers assigned me to Great Dane and Wilmington Island Tennis Tournament, however I was never contacted back with the required information to complete the assignments. I believe that I was discriminated against based on my disability in violation of the Americans with Disabilities Act of 1990.

Rosalind Brown

September 13, 2022

A handwritten signature in black ink, appearing to be 'R', is written over a horizontal line.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: EEOC Agency(ies) Charge No(s): 415-2022-00976
and EEOC	
_____ <i>State or local Agency, if any</i>	

Name (indicate Mr., Ms., Mrs., Miss, Mx., Dr., Hon., Rev. etc.) Mrs. ROSALIND M. BROWN	Home Phone (912) 662-9101	Year of Birth 1963
--	-------------------------------------	------------------------------

Street Address 1210 EAST 38TH STREET SAVANNAH, GA 31404

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name EXPRESS PROFESSIONAL STAFFING	No. Employees, Members 101 - 200 Employees	Phone No. (912) 232-9800
--	--	------------------------------------

Street Address 2 PARK OF COMMERCE BLVD SAVANNAH, GA 31405

Name	No. Employees, Members	Phone No.

Street Address

DISCRIMINATION BASED ON	DATE(S) DISCRIMINATION TOOK PLACE	
Disability, Retaliation	Earliest 04/22/2022	Latest 04/22/2022

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I am an African American female who has a qualifying disability under the ADA. I was hired by the above-named employer on or around April 21, 2022, as a Temporary Voter Registration. Prior to being hired, I informed my employer of the medications that I was taking for my disability as well. On April 21, 2022, I started my first day of training and scored 100% on the test. On April 22, 2022, I returned for day two of training, however, when I arrived, I was advised by Eva Brown to contact personnel at Express Staffing. Ms. Brown stated they decided not to continue my employment. I contacted Express Staffing and was told by Eva Bumpers that she was not a good fit. Ms. Bumpers told me that she would find me another assignment at Great Dane however, I never was contacted back. I believe that I was discriminated against based on my disability in violation of the Americans with Disabilities Act of 1990.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
_____ Date Charging Party Signature	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

EEOC Form 161-B (01/2022)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Mrs. ROSALIND M. BROWN**
1210 EAST 38TH STREET
SAVANNAH, GA 31404

From: **Savannah Local Office**
7391 Hodgson Memorial Drive, Suite 200
Savannah, GA 31406

EEOC Charge No.
415-2022-00976

EEOC Representative
Sheresa Johnson,
ISA

Telephone No.
470-531-4850

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

The EEOC is terminating its processing of this charge.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Digitally Signed By: Darrell Graham
09/29/2022

Enclosures(s)

Darrell Graham
District Director

cc: **Sarah Whitmore**
sarah.whitmore@expresspros.com

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA

415 2022 00976

☒ EEOC

415-2022-00976

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Rosalind Brown

Home Phone (Incl. Area Code)

(912) 662-9101

Date of Birth

04/22/2022

Street Address

1210 East 38th Street

City, State and ZIP Code

Savannah Ga, 31404

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Express Professional Staffing

No. Employees, Members

15-500

Phone No. (Incl. Area Code)

(912) 232-9800

Street Address

2 Park Of Commerce Blvd

City, State and ZIP Code

Savannah Ga, 31405

Name

EEOC RECEIVED 2022-09-13

No. Employees, Members

Phone No. (Incl. Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☐ RETALIATION☐ AGE☒ DISABILITY☐ GENETIC INFORMATION☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04/22/2022

04/22/2022

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

Please See Attached

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

9/13/22

Date

Charging Party Signature



ROSENFELD
NEUROLOGY and SLEEP

July 29, 2022

Patient: Rosalind Brown

DOB: [REDACTED]

To whom it may concern,

The patient is under my care for her neurological condition. The patient is seizure free. The patient can drive without restrictions. If you have any questions, please contact the office.

Sincerely,

Victor Rosenfeld, MD
Board Certified in Neurology & Sleep

Rosalind Brown

- v -

Express professional staffing

102798890
75845
ROSALIND M BACON
9122208708
9129215098
DELNOSTRO, MD, DAVID J
04/18/2016

\$8.08
David Delnostro

\$0.00

Collection Balance: SIC ER FU/AMY okyd 4/15/16 HRUSSELL: LVM
\$0.00 PROC. _____

PUL: _____

PRI: _____

LABS: _____

PT REFUSES _____

Time in: 7:47:31AM

RTN APPT: _____

REF TO: _____

FOSTER: _____

PFT: _____

NO FU: _____

EKG: _____

INJ: ☒

X-RAY: _____

ROSALIND BACON
111 WEST 58TH STREET
SAVANNAH GA 31415
MEDICARE GEORGIA
ROSALIND M BACON
259259931A
MEDICAID OF GEORGIA
ROSALIND BACON
111487220454

Leaves w/ caregiver

Transfer to IM

*cell 2-3 D.
cont. meds.*

Rosalind Brown

*- V -
Express professional staffing*

Ma
M. Aug 21
After work 2018
6:15 pm

GR
Sichs. 85
Grace 9311
Roz brown 128

Sept 13 2018
Seizures

Appointment

For: Telehealth
Date: 4/21/22 Time: 1230
Location: Swuh

If you are unable to keep your appointment, please contact us as soon as possible.

X April 21, 2022 doctor's appointment
with Dr. Priscilla Ross, Neurological
Spine and Pain requesting a
medical necessary accommodation
to be able to attend doctor's
appointment via Zoom.

Rosalind Brown - V. Express Professional
Staffing



Neurological Spine and Pain

8880 Abercorn Street Savannah, GA 31405
Phone: 912-231-4444 Fax: 912-231-4440

Dr. Priscilla Ross
Board Certified in Anesthesiology
Board Certified in Pain Management

Dr. Chirag Patel
Board Certified in Anesthesiology
Board Certified in Pain Management

NEUROLOGICAL
SPINE & PAIN

April 14, 2022

Re: Worker's comp concern

Rosalind Brown is currently under our care. She is prescribed Percocet 10/325mg.

If you have any concerns, please contact office at 912-231-4444.

Sincerely,

Priscilla Ross MD

Attending Pain Specialist

X Dr. notes supporting the
Schedule April 21, 2022
12:30 Appointment and
the use of Percocet
is prescribed for my
medical conditions
and the drug test
by Express Professional
Staffing

THE NEUROLOGICAL INSTITUTE
— of SAVANNAH —
& CENTER FOR SPINE

Diplomates of the American Board
of Neurological Surgery

Roy P. Baker, M.D., F.A.C.S.
James G. Lindley, Jr., M.D., F.A.C.S.
Louis G. Horn, IV, M.D., F.A.C.S.
Daniel Y. Suh, Ph.D., M.D., F.A.C.S., F.A.A.N.S.
Jay U. Howington, M.D., F.A.C.S.
Willard D. Thompson, M.D.
Kevin N. Ammar, M.D., F.A.A.N.S.
Davis L. Reames, IV, M.D.
P. Ryan Lingo, M.D.

Rosalind Brown - v - Express professional

September 19, 2019

Re: Rosalind M. Bacon
DOB: ~~REDACTED~~

To Whom It May Concern:

Ms. Bacon is a patient under my care and has had a series of surgeries, the dates are as follows: 10/22/2018; 11/05/2018; 1/28/2019 and 5/31/2019. For any questions or concerns please call my office at 912-355-1010.

Sincerely,



Jay U. Howington

Received:

OCT 10 2019

SSA

Savannah, GA.

✓ Notes supporting brain aneurysms and
4 brain surgeries to support the
medical use of percocet 10/35 mg
From Neurological Spine and Pain
Dr. Priscilla Ross

Form SSA-1099-R-OP1 (01-2022)

Discontinue Prior Editions

Rosalind Brown -v- Express Professional

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT**2021**

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2021 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

Box 1. Name

ROSALIND M BROWN

Box 2. Beneficiary's Social Security Number~~XXXXXXXXXX~~**Box 3. Benefits paid in 2021**

\$13,056.00

Box 4. Benefits Repaid to SSA in 2021

\$330.00

Box 5. Net Benefits for 2021 (Box 3 minus Box 4)

\$12,726.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$12,726.00
Deductions for work or other adjustments	\$330.00
Total Additions	\$13,056.00
Benefits for 2021	\$13,056.00

DESCRIPTION OF AMOUNT IN BOX 4

Deductions for work or other adjustments	\$330.00
--	----------

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

ROSALIND M BROWN
1210 E 38TH ST
SAVANNAH GA 31404-3321

Box 8. Claim Number

(Use this number if you need to contact SSA.)

259-25-9931A

DO NOT RETURN THIS FORM TO SSA OR IRS

1326 Eisenhower Drive, Bldg 1

1326 Eisenhower Drive, Building 1
Savannah, GA 31406

HEALTH

Rosalind Brown - Express Professional Staffing

Phone:

ROSALIND M BACON

ID: 75845

DOB: ~~11/28/1964~~ (52 years)

Date of Encounter: 06/23/2017 08:16 AM

Clinical Summary for ROSALIND M BACON

Demographic data on
file:DOB: ~~11/28/1964~~, Sex: Female; Race: Black or African American; Ethnicity: Not Hispanic or
Latino;
Preferred language: English
Today's Care provided by: LUCAS LEWIN, MD

Reason for today's visit and reported symptoms

Active Medical Problems

- Vasculitis of skin L95.9
- Fracture, lumbar vertebra, compression, sequela S32.000S
- X • Chronic lupus erythematosus M32.9
- Health education/counseling Z71.89
- Unspecified Diagnosis
- Raynaud's phenomenon (secondary) I73.00
- Acquired insufficiency of aortic valve I35.1
- Health education/counseling Z71.89
- Unspecified Diagnosis
- Hospital discharge follow-up Z09
- Xeroderma Q80.9
- Myalgia and myositis
- Anxiety state F41.1
- Symptomatic menopausal or female climacteric states N95.1
- Common migraine, without aura, without mention of intractable migraine G43.009
- Tongue biting K14.8
- Encounter for Medicare annual wellness visit Z00.00
- Lipoma D17.9
- X • Seizure disorder G40.909
- Paronychia, finger, left L03.012
- Mastalgia in female N64.4
- Hypertension, essential, benign I10
- BMI 27.0-27.9, adult Z68.27
- Costochondritis
- Hypertension I10
- Depressive disorder F32.9
- Atypical chest pain R07.89
- Mitral valve disorder I05.9
- Heart valve disease I38
- Upper respiratory infection J06.9
- Bronchitis, acute J20.9
- Pharyngitis J02.9

Active Medications

- Folic Acid 1MG Tablet 1 (one) Tablet Oral daily
- Methotrexate 2.5MG Tablet 5 Tablet Oral ONCE A WEEK
- Amlodipine Besylate 5MG Tablet 1 (one) Tablet Oral daily
- PrednisONE 10MG Tablet ~~2 (one)~~ Tablet Oral daily *Am*
- Plaquenil 200MG Tablet 1 Tablet Oral three times daily
- Lisinopril 20MG Tablet 2 (two) Tablet Oral qd
- LORazepam 1MG Tablet 1 (one) Tablet Tablet Oral daily prn
- Zonisamide 100MG Capsule 2 (two) Capsule Capsule Oral QHS for seizure

ROSALIND M BACON

Patient #: 75845

DOB: 11/28/1964 (52 years)

Friday, June 23, 2017

Page 1 / 3

DRIVER'S LICENSE

4d DL NO. 053305071 3 DOB 11/28/1964

9 CLASS C 4b EXP 11/28/2024

2 ROSALIND MARIE

1 BROWN

8 828 W 48TH ST
SAVANNAH, GA 31405-1846
CHATHAM

12 REST A

9a END NONE

4a ISS 05/19/2021

15 SEX F 18 EYES BRO

16 HGT 5'-04" 17 WGT 163 lb 11/28/1964

D 454511241720020000

STATE of GEORGIA

LOW THC OIL REGISTRATION CARD

Registration No. 1004-0895

ID Card Expiration Date: 05/13/2023

ROSALIND M
BROWN

DL NO 053305071
COUNTY CHATHAM

828 West 48th Street
Savannah, GA 31405

Call the Department of Public Health to verify: 1-866-PUB-HEALTH

Rosalind Brown

- V -

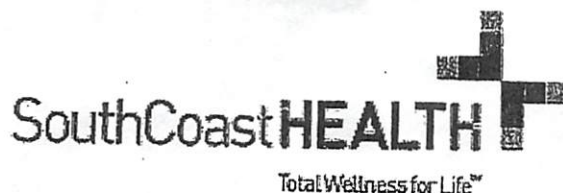
Express professional
Staffing

Dr. Rosenfeld, Neurologist for Rosalind Brown driver's license was re-issued on May 21, 2021. Georgia law states Rosalind Brown had to be seizure free for 2 years be the state of Georgia drivers license could be reissued.

Rosalind Brown submitted driver's license and Medical THC registration card to Express professional Staffing for identification and drug testing



BACON, ROSALIND M (id #16254252, dob: 11/28/1964)



SouthCoast Health
1326 Eisenhower Drive Building 1
SAVANNAH, GA 31406-3928
Phone: (912) 691-3640, Fax: (912) 691-4289

Date: 08/07/2019

Rosalind Bacon
828 West 48th Street
Savannah, GA 31404

DOB: ~~11/28/1964~~, PT ID #16254252

Dear Rosalind Bacon,

The patient is under my care for her neurological conditions. The patient has been under my care since November 10, 2015. The patient is being treated for epilepsy and brain aneurysm. The patient had surgery for the aneurysm with Dr. Howington. The patient continues to see me for her neurological care and to manage her medication for the conditions. If you have any questions, please do not hesitate to contact the office.
Sincerely,

Electronically Signed by: VICTOR ROSENFELD, MD

Rosalind Brown

- V -

Express Professional
Staffing

ST. JOSEPH'S/CANDLER HEALTH SYSTEM

PATIENT : BRON, ROSALIND BROWN

MR# : M000382920

ER PHYSICIAN: Dr. Fernando J. Perez

ER REPORT

St. Joseph's Hospital
11705 Mercy Boulevard
Savannah, Georgia 31419

Visit # : V009340696
Location: ED
DOB : [REDACTED] Pt. Type: ER

DATE OF VISIT: 04/25/2002

ARRIVAL TIME: 10:40 hours.

ARRIVED BY: EMS.

CHIEF COMPLAINT: Possible seizure.

HISTORY OF PRESENT ILLNESS: Patient is a 37 year old black female brought to the emergency room department by ambulance from her place at work at Medicare where she reportedly had some seizure activity. The patient reports having small movements described as seizures. She called her husband to pick her up. She attempted to make an appointment with Dr. Stanley and EMS was called. It is not clear if she called them or colleagues called them. The patient apparently began to have seizure activity en route and in the emergency room department. When I asked some questions of her while she was having the seizure the patient stopped her seizure activity and was able to interact appropriately with me without any post ictal effects. She did not bite her tongue, have bowel or bladder incontinence, or any headache. She had no post ictal episode. The seizure activity consisted of some movements of her face and upper arms.

PAST MEDICAL HISTORY: Old chart is reviewed and reveals a history of hysterectomy, possible seizure diagnosis approximately 1 week ago with a negative CT at that point.

ALLERGIES: Codeine.

MEDICATIONS: Dilantin 300mg. at night, Tylenol. She takes Dilantin during working days 100mg. t.i.d. and has already taken 2 today.

REVIEW OF SYSTEMS: Positive for tonic clonic movements of the face and arms. No loss of consciousness or change in consciousness. No vomiting, nausea, biting tongue, bowel or bladder incontinence. No post ictal state. All other systems reviewed negative.

PHYSICAL EXAMINATION: Shows a well developed well nourished black female. Vital signs: temperature 97.6, pulse 78, blood pressure 140/100, respirations 22, pulse ox on room air is normal at 98%. Neurologic: Alert and oriented x 3. Cranial nerves II through XII are intact. Normal speech and vision. Normal gait. Psychiatric Examination: Good judgment and insight. Normal mood and affect. The patient is not suicidal or homicidal. ENT: Oropharynx clear, no increased upper airway sounds. Tympanic membranes are normal bilaterally. No foreign bodies in

ER REPORT

Rosalind Brown - v- Express staffing professionals

Page 1 of 3

This is the medical records documentation that was given to Express professional staffing to show Chatham County Voter's Registration Trainer I LUV Addison and I worked together for over 10 year at Georgia Medicare and I had Seizures at work and was transported by ambulance and this is why I was discriminated against after scoring 100%.

ST. JOSEPH'S/CANDLER HEALTH SYSTEM

PATIENT : BACON, ROSALIND MARIE

MR# : M000382920

ER PHYSICIAN: Dr. Kurt E Urban

ER REPORT

St. Joseph's Hospital
11705 Mercy Boulevard
Savannah, Georgia 31419

Visit # : V010167468

Location: ED

DOB : [REDACTED] Pt.Type: ER

DATE OF VISIT: 05/28/2003

CHIEF COMPLAINT: Possible seizure.

HISTORY OF PRESENT ILLNESS: This is a 36-year-old African American female who comes to the emergency department by EMS after they were called to her place of work. The patient tells me that she had up to six seizures today, starting this morning. She describes a feeling of her lips twitching and then she doesn't remember anything that happened. There is no one here that saw the seizures. The patient does give me a history of seizures and says that for the last four months she has been off Dilantin. Interestingly, she says this was under the advice of her neurologist, however, when I spoke to Dr. Greenberg who had the patient's chart in the office, he never saw any such recommendation. At this time the patient is feeling okay. She feels a little bit washed out but otherwise really doesn't have any other complaints. She denies any recent fevers or chills. She denies any visual changes or visual loss. She denies any eye pain. She denies any congestion, sore throat or earache. She denies any chest pain, palpitations, or syncope. She denies any shortness of breath, cough or sputum production. She denies any abdominal pain, nausea, vomiting, diarrhea, or constipation. She denies any dysuria, hematuria, urgency or frequency. She denies any abnormal vaginal bleeding. She has intermittently had some headaches recently. She denies any numbness, tingling or other paresthesias. She denies any weakness or paralysis focally. Skin - She denies any new skin rashes or other lesions. Psychiatric - She denies any depression. Hematologic - She denies any abnormal bleeding.

PAST MEDICAL HISTORY:

1. Ovarian cysts.
2. Hypertension.
3. Seizures.

PAST SURGICAL HISTORY: She has had a hysterectomy and before that she had three laparoscopies.

SOCIAL HISTORY: She works at Medicare. She denies any tobacco, alcohol or drug use. She is married.

ALLERGIES: Codeine.

CURRENT MEDICATIONS:

1. Hydrochlorothiazide 25 mg daily.
2. She takes no over-the-counter medications or supplements.
3. She occasionally uses Tylenol ES for the headaches.

ER REPORT

Rosalind Brown -v- Express Staffing Professionals

Page 1 of 3

This is the written documentation given to Express Professional Staffing to show Chatham County Voter's Registration Trainer I. Luv Addison and Rosalind Brown worked at Georgia Medicare and I, Rosalind Brown had seizures and had to be transported from work by ambulance. To show I was discriminated although I scored 100%.

Integrated Behavioral Center, P.C.
1121 Cornell Avenue
Savannah, GA 31406-2701
Ofc: (912) 355-4987
Fax: (912) 353-7257

Manoj K. Dass, M.D.

SCHEDULED APPOINTMENTS

Name : Brown, Rosalind M
Account : 1578

Appt Date	Appt Time	Description	Provider
=====	=====	=====	=====
05/17/22	01:15 PM	99213 Established	MANOJ K. DASS, M

Please be advised that a no-show charge will be incurred if 24 hours' notice is not given.

Thank you.

Rosalind Brown

Reasonable Accommodations
requested to attend
Scheduled appointment

May 17, 22 1:15 pm



Sunstates Security Medical Accommodation Form

To consider your request for a medical workplace accommodation, please provide the following information:

Name: Rosalind Brown

Employee Number:

1. Which essential function(s) you are unable to perform without an accommodation:

The essential functions of security officer position I am able to perform. The medical workplace accommodation requested is to be scheduled for 24 hours per week so I can schedule my doctors appointments around my work schedule.

2. Describe the manner in which your ability to perform each essential function is limited:

The essential functions of security officer position I am able to perform. The medical workplace accommodation requested is to be scheduled for 24 hours per week so I can schedule my doctors appointments around my work schedule.

3. What reasonable accommodations are you requesting at this time? What are some accommodation options?

The essential functions of security officer position I am able to perform. The medical workplace accommodation requested is to be scheduled for 24 hours per week so I can schedule my doctors appointments around my work schedule.

4. A doctor's note is required to support the need of an accommodation. Please attach to request form.

I verify that the above information is complete and accurate to the best of my knowledge; I am requesting this accommodation due to a medical condition; and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Employee Signature: _____ Date: _____

Please return the completed form to the Human Resources Department (HR@SunstatesSecurity.com) for review.

Approved ☐ Denied ☐ Alternative Accomodation ☐

HR Comments:

Insurance

Company Name:	Blue Cross and Blue Shield of Georgia (Anthem)	Insured Party:	Self
Plan Name:		Name:	ROSALIND M BROWN
Address:	PO Box 9907 Columbus GA 31908-6007	Relationship to Patient:	Self
		Home Address:	828 West 48th Street Savannah, GA 31405
Phone Number:		Home Phone:	
Fax Number:		Work Phone:	
Contact Person:		Mobile Phone:	(912) 662 - 9101
Plan Type:		Other Phone:	(912) 961 - 0084
Group Name:		Personal Email:	RBrownBacon@yahoo.com
Policy Number:	L2V452W13417	Work Email:	
Group Number:		Other Email:	
Start/End Date:	12-Oct-2022 – 12-Oct-2022		
Copay:	\$0.00		

Recent Appointments*

Date/Time of Visit	Provider/Resource	Visit Type	Reason for Visit	Status
10/12/2022 10:15 AM	LILLIAN DIXON	Patient	Established Patient	ReadyToBeSeen
09/14/2022 12:15 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
07/14/2022 12:45 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
06/16/2022 12:30 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
08/17/2022 12:30 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
03/24/2022 12:45 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
02/24/2022 12:00 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
05/19/2022 12:15 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
04/21/2022 12:30 PM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
01/03/2022 01:00 PM	LILLIAN DIXON	Patient	Established Patient	CheckedOut
11/29/2021 01:00 PM	CRISTEN INGHAM	Patient	Established Patient	CheckedOut
01/31/2022 01:00 PM	LILLIAN DIXON	Patient	Established Patient	CheckedOut
09/02/2021 01:15 PM	CRISTEN INGHAM	Patient	Telehealth - E/M	CheckedOut
08/09/2021 01:15 PM	LILLIAN DIXON	Patient	Established Patient	CheckedOut
11/01/2021 01:15 PM	CRISTEN INGHAM	Patient	Established Patient	CheckedOut
10/04/2021 02:00 PM	CRISTEN INGHAM	Patient	Established Patient	CheckedOut
06/14/2021 10:30 AM	CRISTEN INGHAM	Patient	Established Patient	CheckedOut
05/13/2021 11:45 AM	CRISTEN INGHAM	Patient	Telehealth - E/M	CheckedOut
07/12/2021 11:30 AM	CRISTEN INGHAM	Patient	Established Patient	CheckedOut
02/24/2021 09:30 AM	CRISTEN INGHAM	Patient	Telehealth - E/M	CheckedOut
04/22/2021 09:45 AM	CRISTEN INGHAM	Patient	Telehealth - E/M	CheckedOut
03/24/2021 09:45 AM	CRISTEN INGHAM	Patient	Telehealth - E/M	CheckedOut
11/30/2020 01:30 PM	ANNE CROUCH	Patient	Established Patient	CheckedOut
11/04/2020 12:00 PM	PRISCILLA ROSS	Patient	Telehealth - New Patient	CheckedOut
01/14/2021 11:45 AM	LILLIAN DIXON	Patient	Telehealth - E/M	CheckedOut
01/04/2021 12:00 PM	LILLIAN DIXON	Patient	Established Patient	Rescheduled

*NOTE: Please keep in mind that if we were not to able retrieve appointments, we will display an empty list. Max 50 appointments total that includes the next 10 appointments within a year plus the most recent in the last 2 years.